10860

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Denton; MARYLAND; LENGTH OF STAY (In this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) Barwick

4. DATE OF DEATH: (Month) Nov. (Day) 6th (Year) 195[illegible]

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH Feb 16th 1897

9. AGE last birthday 54 yrs. If under 1 year: Months 8, Days 13. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Insulation

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Edward Barwick

14. MOTHER'S MAIDEN NAME Mary E. Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Clyde Bell, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death 10 minutes

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

440

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson D. George Asst. Medical Examiner — Denton Md — 11/3/57

23. BURIAL, CREMATION OR REMOVAL (Specify) Buried — DATE THEREOF Nov. 4th 57 — NAME OF CEMETERY OR CREMATORY Denton Cemetery. — LOCATION (City, town, or county) Denton. — (State) Md.

DATE REC'D BY LOCAL REG. 11/3/57 — REGISTRAR'S SIGNATURE Dr. D. George

24. FUNERAL DIRECTOR Virgil Moore & Son — ADDRESS Denton

620-246

VS. A15A

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BUREAU V. S.

10801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural, give location) Park Lane

3. NAME OF DECEASED (Type or Print) (First) Ola (Middle) (Last) Bullock

4. DATE OF DEATH (Month) (Day) (Year) November 17 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 12, 1884

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Wilson

14. MOTHER'S MAIDEN NAME Martha Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS C. Herbert Bullock, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	
93d	(c) With Hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12th, 1939, to Nov 17th, 1951, that I last saw the deceased alive on ....., 19...., and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE W. E. Lennon (Degree or title) M.D. ADDRESS Federalsburg, Md. DATE SIGNED Nov. 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 20, 1951

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. November 20, 1951

REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1951
BUREAU V. S.

10802

Not OB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Penna. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 4 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Sophie	(Middle) Ringe	(Last) Coyle	4. DATE OF DEATH	(Month) 11	(Day) 8	(Year) 51 19
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 2/4/1889	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Phila., Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: No Record	14. MOTHER'S MAIDEN NAME: Mary Reichman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: John Coyle Greensboro, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.1 Immediate cause (a) Passive Cardiac Failure — 45 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular fibrillation — unknown

260X 61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1950, to 11-8, 1951, that I last saw the deceased alive on 11-8, 1951, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: Greensboro — DATE SIGNED: 11-12-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 11/12/51	NAME OF CEMETERY OR CREMATORY: Greensboro	LOCATION (City, town, or county) (State): Greensboro, Md.
DATE REC'D BY LOCAL REG.: Nov. 12-1951	REGISTRAR'S SIGNATURE: L. Mae Pippin	24. FUNERAL DIRECTOR: R. B. Rawlings	ADDRESS: Greensboro, Md.

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NOV 20 1961
BUREAU V. S.

Item 8 FilmG137 11/27/51 ww

10803

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Ford

4. DATE OF DEATH (Month) Nov. (Day) 15th (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug. 25 1859–92 yrs.
9. AGE last birthday If under 1 year Months 3 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Elliott
14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Eveland Hillsboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerosis	10 years
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
97	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 15, 1951, that I last saw the deceased alive on Nov 13, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE E Paul Knotts M.D. (Degree or title) ADDRESS Denton Md DATE SIGNED 10/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 17th 51
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 11/17/51
REGISTRAR'S SIGNATURE Wm D. A. Yeager
24. FUNERAL DIRECTOR J. Virgil Moore & Son Denton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1951
BUREAU V. S.

10804

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 83 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Soloman (Middle) Noble (Last) Harris

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/29/1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Second Hand Furniture

10b. KIND OF BUSINESS OR INDUSTRY: Dealer

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman Harris

14. MOTHER'S MAIDEN NAME: Margaret Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Willie Harris Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

131 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1951, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Grace for M.D. — ADDRESS Greensboro Md. — DATE SIGNED Nov 2 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/6/51 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton, Md.

DATE REC'D BY LOCAL REG.: Nov. 5-1951 — REGISTRAR'S SIGNATURE: L. Mae Lippin — 24. FUNERAL DIRECTOR: R. B. Rawlings — ADDRESS: Greensboro Md.

VVV — 698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10805

CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]; LENGTH OF STAY (in this place): [illegible]; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riversiae Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Celia		Kelly	Nov.	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	[illegible]	widow	7-30-1852	99 yrs.	3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alex Whiteley	Cecilia K. Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			May C. Barrow

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. Immediate cause	(a) Chronic Myocarditis;	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral & Senile Cerebrovascular	
422.1 932	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of Neck of Femur.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19 51, to Nov 6, 19 51, that I last saw the deceased alive on Nov 5, 19 51, and that death occurred at 7:35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Curtis H Townsend	MD	Preston Md	Nov 6 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	11/8/51	M. E. Church Yard	Preston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 8-1951	L. MacLupin	H. H. Hollis	Preston, Md.

NOV 12
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 35 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Walkertown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) Walkertown

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elbert (Last) Liden

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1903

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator of Farm Machinery Business

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Caroline Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Liden

14. MOTHER'S MAIDEN NAME: Mary Lee Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Margaret C. Liden, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis - Diabetes - Hypertension 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1951, to 11/21, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED Nov. 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 21, 1951

NAME OF CEMETERY OR CREMATORY: Bloomery Cemetery

LOCATION (City, town, or county) (State): Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: November 21, 1951

REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR: J.J. Frampton and Son, Federalsburg, Md. ADDRESS

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

21807

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J (Last) Lister

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 26, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months 3 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Whibby

14. MOTHER'S MAIDEN NAME: Sarah Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS: Walter Lister Goldsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 331X

(c) 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

260K

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1951, to Nov. 27, 1951, that I last saw the deceased alive on Nov. 26, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Pearle V. Trimble M.D. ADDRESS Greensboro, Md. DATE SIGNED Nov. 29/1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 30. 1951 | NAME OF CEMETERY OR CREMATORY Springhill | LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. Dec 6 1951 | REGISTRAR'S SIGNATURE P. Clark Smith | 24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS

[illegible]
AUG 6 [illegible]
[illegible] U. S.

Item 18 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

21808

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem - Rural
LENGTH OF STAY (In this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Harmony

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem - Rural
STREET ADDRESS (If rural, give location): Near Harmony

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) E. (Last) MOORE
4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 22, 1918
9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Norfolk, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Baxter Moore
14. MOTHER'S MAIDEN NAME: Pearl Frances
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Baxter Moore, Bethlehem, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute bronchitis and bronchopneumonia (1-7-52 - ams)

491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

109 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

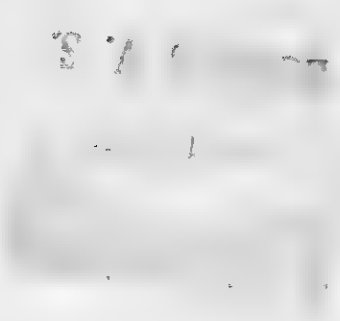
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Stanley K. Sinclair
ADDRESS: 700 Fleet Street-Balto. 2, Md.
DATE SIGNED: November 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 9, 1951
NAME OF CEMETERY OR CREMATORY: Bethlehem Cemetery
LOCATION (City, town, or county) (State): Bethlehem, Maryland

DATE REC'D BY LOCAL REG.: 11/9/51
REGISTRAR'S SIGNATURE: Cornelia V. Plummer
24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md.
ADDRESS

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro; LENGTH OF STAY (in this place): 50 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) V. (Last) Murray

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 51 19

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/28/1895

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Price

14. MOTHER'S MAIDEN NAME: Mary laws

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-20-4116

17. INFORMANT AND ADDRESS: Catherine Patterson Greensboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro Arterio Sclerosis Cardio Vascular Disease

4261 / 932 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Nov. 14, 1951, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles A Stevenson M.D. Greensboro, Md Nov 14 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/17/51

NAME OF CEMETERY OR CREMATORY: Cokers

LOCATION (City, town, or county) (State): Near Greensboro, Md.

DATE REC'D BY LOCAL REG.: Nov 17-1951

REGISTRAR'S SIGNATURE: L. MacPippin

24. FUNERAL DIRECTOR: R.B. Rawlings ADDRESS: Greensboro, Md.

Item 18 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10810

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgley Rt 1; HOSPITAL OR INSTITUTION OR STREET ADDRESS; STATE MARYLAND; LENGTH OF STAY (In this place) Life	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgley Rt 1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella Walker	11 19 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Female	Colored	Married	April 10, 88	63 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Queen Annes Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Byers	Eliza Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS
No	—	Mrs Louise Gilbert, Chester, Pa.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Nasal Carcinoma 10515	
199.1 Antecedent cause(s)		
260X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 55 e	(b) Primary site - leg. (1-7-52 ams)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 26, 1951, to Nov. 19, 1951, that I last saw the deceased alive on Nov. 19, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Claude H Vaughn MD Queenstown Md Nov 20 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-23-51	Spring Grove Cemetery	Denton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 22, 1951	Mary E. Laird	James B. Dashiell Salisbury, Md.

VS. 445

RECEIVED
NOV 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10811

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CAMILLIA (Middle) (Last) WHEELER

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1951

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 3, 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Standford

14. MOTHER'S MAIDEN NAME: Hester Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Robert Wheeler, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage & Liniplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis & Hypertension 422.2

(c) Chronic Myocarditis, Hepatic Sclerosis 131.2

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to Nov. 10, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Daniel H. Stackpole M.D. Denton Md Nov 14, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov. 13, 1951 | NAME OF CEMETERY OR CREMATORY Springview | LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REG. 11/15/51 | REGISTRAR'S SIGNATURE Mrs D A Judge | 24. FUNERAL DIRECTOR ADDRESS J. Thomas Denton, Md.

RECEIVED
NOV 20 19
BUREAU V. S.